



UTZ CERTIFIED Good Inside
APPLICATION FOR A CHAIN OF CUSTODY
CERTIFICATE

DOC. NO: FM-UTZ-01

DATE : 2016-04-01

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The Director General
SRI LANKA STANDARDS INSTITUTION

I/We hereby apply for a Certificate to use the Certification Logo under the UTZ Certified Good Inside for Tea Scheme – Chain of custody for Tea.

Relevant particulars of the product and my/our organization are given below:

1. NAME (Name under which application is made)

(a) Private ☐ (b) Management /Plantation Company ☐ (c) Tea Shakthi ☐ (d) Semi - Government ☐

Full name

Full registered name

Name of the company/Association and/or full names of partners

2. FACTORY/GARDEN MARK REGISTRATION NO. (As per the SLTB Registration)

3. UTZ MEMBER ID No :

4. CERTIFICATION TYPE

a.) ☐ Individual Chain Of Custody

b.) Product ☐ Black tea ☐ Green Tea ☐ Rooibos

5. Certification Year:

6. ADDRESS

7.1 Postal /Registered Address:

Tel:

Fax :

E-mail:

a. Factory Address where the product is manufactured :

Tel :

Fax:

e. mail:

(Please annex a sketch indicating the route to the factory)

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7. MANAGEMENT REPRESENTATIVE/ IMS OFFICER (Names and designations of the persons who will be responsible to the for Certification Scheme) work in connection with the Certification Mark																			
Nominee:		Contact Detail:																	
Deputy:		Contact Detail:																	
8.0 Suppliers Details: <table border="1" data-bbox="293 615 1513 909"> <thead> <tr> <th data-bbox="293 615 813 651"></th> <th data-bbox="813 615 1138 651">Name</th> <th data-bbox="1138 615 1430 651">Country</th> <th data-bbox="1430 615 1513 651">UTZ Member ID No</th> </tr> </thead> <tbody> <tr> <td data-bbox="293 651 813 714">1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="293 714 813 777">2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="293 777 813 840">3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Country	UTZ Member ID No	1.				2.				3.			
	Name	Country	UTZ Member ID No																
1.																			
2.																			
3.																			
9.0 Product Details: 9.1 Product Type: 9.2 Brand Name: 9.3 Whether On line approval has been obtained for the labels from UTZ:																			
10.0 Packing Detail 10.1 Packing size/s 10.2 Packing material used:																			
11.0 Workers Detail 11.1 No. of workers in factory : 11.2 No. of workers in the Estate: 11.3 . No. of person live on site:																			



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9 QUALITY ASSURANCE ACTIVITIES

9.1 Whether the Company has obtained any system certification

Yes

☐

No

☐

9.2 If yes,

Type of certification

Certifying organization
Scope validity of certificate period

a) ETP

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b) HACCP/ ISO 22000

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c) Organic

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d) Rain Forest Alliances

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e) ISO 14001

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f) Any other (Specify)

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10 DECLARATION BY APPLICANT

I/We declare that the product mentioned above is manufactured only at the factory premise mentioned in 6.a above under this brand name of

In order to ensure conformity of the said product to the relevant Standards, I/We undertake to operate a quality assurance system as recommended by the Institution.

I/We agree to extend to the Institution all reasonable facilities at my/our command and I/We also agree to pay all fees payable prior to the grant of permit.

I am/We are conversant with the requirements of the regulations framed there under. In the event of being issued a permit to apply the mark, I/We undertake to observe the provisions the regulations and the general and specific certificate conditions relating to the application of the Certification Mark to the product specified above, as prescribed by the Director General or the officer authorized on that behalf by the Director General and UTZ .

In the event the certificate being suspended or cancelled, I/We undertake to cease with immediate effect the use of the Certification Mark on product covered by the certificate and to withdraw all relevant advertising material and to take such other steps as may be necessary to fulfill the provisions of the aforesaid regulation.

Signed at on this day of
(place) (day) (month) (year)

Signature:

Name:

Designation:

For and on behalf of:
(Name of the Organization)